

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

MAR 13 1937

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City, Mo. (No. 2012 Elmwood)

File No. 6632

Registered No. 1021

St. _____ Ward _____

2. FULL NAME

Mrs. Minerva Jane Evans

(a) Residence, No. 2012 Elmwood St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX
F

4. COLOR OR RACE
W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

Calvin C. Evans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31, 1957

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>79</u>	<u>5</u>	<u>25</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ill

13. NAME David Wright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown

15. MAIDEN NAME Lydia Scott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown

17. INFORMANT Miss Abbie Evans,
(ADDRESS) 2012 Elmwood, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE Feb. 27-37

19. UNDERTAKER C.H. Blackman & Son, Inc.
(ADDRESS) 2825 Independence Blvd. K.C. Mo.

20. FILED 726 37 M m Groom
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24-1937

22. I HEREBY CERTIFY, That I attended deceased from June 1936 to Feb 24, 1937

I last saw him alive on Feb 24, 1937 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis
sclerotic type
heart disease
Date of onset _____

Other contributory causes of importance:
sclerotic type
heart disease

Name of operation _____ Date of _____

What test confirmed diagnosis? Steth Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W.C. Martin, M. D.

(Address) 3721 Broadway

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